MONTANA
DEPARTMENT OF
REVENUE

BREWERY STORAGE DEPOT LICENSE APPLICATION

This contains information for a Brewery Storage Depot License.

Information For Completing This Application

This information is to assist you in completing your application for a Brewery Storage Depot License. Please review the information provided to avoid any delays in the processing of your application.

16-4-102, MCA. Right of brewers to maintain and operate storage depots – annual licenses. It shall be lawful for any brewer duly licensed to manufacture beer, upon the payment to the department of an annual license fee in addition to all other fees and taxes required to be paid by such brewer for each storage depot, to own, lease, maintain, and operate, in any city or town in the state of Montana, a building for use as a storage depot, equipped with refrigeration and cooling apparatus, for receiving, handling, and storing beer therein and distributing and selling beer therefrom, as brewers are permitted to sell and distribute beer under the provisions of this code.

Application Process

To apply for this type of license, you must be duly licensed in Montana and hold the appropriate TTB bond as a brewery.

When we receive a complete application, we will contact you to let you know whether your application meets our initial requirements or if we require additional documents. It typically takes 60 to 90 days to process this type of application. The approval process includes notifying local officials that we have received your application. This helps us identify any issues that may prevent the proposed location from qualifying for a license. Additionally, we request that the Department of Justice review the qualifications and suitability of the applicant(s) and proposed location.

Once the Department of Justice has conducted its investigation, if both the location and applicant(s) meet state law and department regulations, we will send a letter to approve the transfer or issuance of the license.

Please Note: Applications for a new license or transfer of location need approval from the building, health and fire code officials before we can approve this application.

Additional Information Required When Completing Your Application

Listed below are the types of documents required for an application to be considered complete. Please review the list carefully and send us copies of the required documents along with the applicable documents for your business entity.

Note: For applicants who use a multiple entity structure, please attach a diagram showing all entities and individuals.

Special Instructions: If Personal/Criminal History Statement(s) and fingerprint cards are included with your application, you are required to enclose them in the “Confidential” envelope provided. These are confidential documents and must be kept separate from other application documents.

Required Documents

Incomplete documentation will delay the processing of this application.

- ☐ Copy of the original Alcohol and Tobacco Tax and Trade Bureau (TTB) Federal Brewer’s Notice to manufacture beer.
- ☐ FEIN
- ☐ Business Statement
- ☐ Lease, rent, purchase option, financing agreements or other evidence of ownership of the real property (you must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms.
- ☐ Financial statement(s) (e.g., balance sheet and income statement or tax return for the business)
- ☐ Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer or assets purchased.

- ☐ Purchase agreement for the liquor license including compensation, terms, the appropriate parties as buyer and seller and the license listed by number. Provide copies of all documentation to verify source of funding for purchase of the liquor license (e.g., 6 months of bank/investment account statements, if applicable).
- ☐ Floor plan that accurately states the dimensions of the premises, includes the entity name, alcoholic beverage license number, physical address, date and refrigeration and cooling apparatus on an 8 1/2" X 11" piece of paper. Do not send in the original blue prints, only a copy of the floor plan.
- ☐ Zoning documents

Send your completed application and all required and applicable documents to:

Montana Department of Revenue
Cannabis & Alcohol Regulation Division
PO Box 1712
Helena, MT 59624-1712

Questions? Email DORCARD@mt.gov, call (406) 444-0596, or dial Montana Relay at 711 for assistance communicating by phone.

MONTANA DEPARTMENT OF REVENUE

Brewery Storage Depot License

BS-DEPOT/LCD 30
V4 2/2026

Clear Form

Section 1 – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation or limited liability company (LLC) list the business' name below.

☐ I understand that the ownership of the brewery license must be the same as the storage depot license. I attest that the brewery licensee information on file with the Department of Revenue Cannabis & Alcohol Regulation Division is current and transferable as the correct ownership information of the storage depot license.

Name of Applicant(s) _____

Federal Employer Identification Number ☐☐ – ☐☐☐☐☐☐☐

Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

Brewery License Number ☐☐ – ☐☐☐ – ☐☐☐☐ – ☐☐☐

Storage Depot License Number (if available) ☐☐ – ☐☐☐ – ☐☐☐☐ – ☐☐☐

Business Name _____

Name of Person Managing the Storage Depot _____

Is this the same person who manages the brewery license? ☐ Yes ☐ No

If *no*, you must submit a location manager application, two fingerprint cards and a personal/criminal history statement for any new location managers.

Daytime Telephone _____ Fax _____

Cell Phone _____ Email Address _____

Physical Location _____
(Street Address, City, State and Zip Code)

Mailing Address _____
(Address, City, State and Zip Code)

☐ Check if you prefer to receive an annual reminder email to complete your renewal electronically.

☐ Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name _____ Phone _____ Email _____

Mailing Address _____
(Street Address, City, State and Zip Code)

Section 2 – Type of Transaction and Fees

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

☐	New License ($400)	$ _____
☐	Transfer of Ownership	$ _____
☐	Processing Fee	$ 100
☐	Fingerprint Fee(s) ($30.00 per individual)	$ _____
	Total Amount Enclosed	$ _____

Payable to "DOR Alcoholic Beverage Licensing"

Section 3 – Questions

1. Does any applicant, member, shareholder or partner have ownership interest in a retail Alcoholic Beverage license, agency liquor store, beer wholesaler or table wine distributor license in any state or country?

   ☐ Yes If *yes*, please explain _____

   ☐ No

2. Does any person other than the applicant have financial interest in your business?

   ☐ Yes If *yes*, list the name, address and give a brief description of the involvement. (Attach additional sheet if necessary.) _____

   ☐ No

3. Do you own or are you purchasing the building proposed for licensing?

   ☐ Yes If *yes*, send a purchase agreement or current tax bill.

   ☐ No If *no*, send a lease agreement.

4. Do you own the furniture, fixtures and equipment used at the location?

   ☐ Yes

   ☐ No If *no*, send a lease or purchase agreement.

5. Is the building ready for use?

   ☐ Yes

   ☐ No If *no*, list expected date of completion _____

   ☐ Building is newly constructed.

   ☐ Remodel of existing premises.

Section 4 – Declaration and Affidavit

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Signature	Date	Printed Name	Title
Signature	Date	Printed Name	Title
Signature	Date	Printed Name	Title

Mail completed application and all required and applicable documents and fees to:

Montana Department of Revenue
Cannabis & Alcohol Regulation Division
PO Box 1712
Helena, MT 59624-1712

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